

Behavioral Medicine Emphasis Area Training

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- 1. Patient Population:** Medical and surgical patients from culturally diverse backgrounds.
- 2. Psychology's role in the setting:** Provide consultation, assessment, and intervention to medical patients. Conduct applied research and program evaluation.
- 3. Other professionals and trainees in the setting:** Medical Attending Physicians, Fellows, Residents, Physician Assistants, Clinical Nurse Specialists, Nurse Practitioners, Pharmacists, Social Workers, Registered Dietitians, Diet Technicians, Physical Therapists, Recreation Therapists.
- 4. Nature of clinical services delivered:** Psychological assessment and treatment of behavioral issues related to illness; treatment of anxiety, depression and other mental health conditions related to medical problems.
- 5. Postdoctoral Fellow's role in the setting:** Provide consultation, assessment, and treatment to individuals and groups of patients; supervise individual intern cases; lead Intern Group Supervision; teach part of the Behavioral Medicine Seminar; conduct research or program evaluation that informs clinical practice; manage/triage Behavioral Medicine Clinic consults.
- 6. Amount/type of supervision:** One hour for every 10 hours worked. There are at least two hours of scheduled face-to-face supervision, two hours of group supervision, as well as preparation time for clinics, observation of the fellow's therapy, consultation on their research project, etc.
- 7. Didactics:** Postdoctoral Seminar, Behavioral Medicine Seminar
- 8. Pace:** Moderate to fast pace, time is structured, down time when patients don't show for appointments.

The Behavioral Medicine Program at VAPAHCS received the Excellence in Training Award from the Society of Behavioral Medicine in 2012. This is the first VA program to have received this honor.

Patients: Patients are typically men, approximately 10% are women. Most are older – age 50 and above. Ethnic diversity includes Caucasians, African Americans, Asian Americans/Pacific Islanders, and Hispanics. Most have a high school education or more, but occasionally we find patients who have very poor reading and writing skills. Many patients have disabilities and may receive social security or VA compensation for an injury or illness. Many patients have served in combat or participated in demanding humanitarian missions. Rates of Post Traumatic Stress Disorder are much higher than in the general population in both men and women Veterans. Often, patients referred to this program have had no prior psychological evaluation. Thus, differential diagnosis skills are often required.

Who we are: The Behavioral Medicine Clinic has been largely an outpatient service – although it is common to follow oncology patients who are admitted. Behavioral Medicine orients many of its activities around selected specialty clinics. The staff value research and use it to inform our clinical work.

What we do: Behavioral Medicine provides mental health services to specialty medicine and surgery clinics. The psychologist's role in a medical clinic varies based on clinic, but is often of a consultative nature, with brief interview assessments and/or the briefest of interventions with a patient who may not return for a month or more; the structure of some medical clinics allow for more in depth assessment and intervention. Patients who require weekly sessions can be referred to the Behavioral Medicine Clinic and seen there for more intensive treatment. Consultation/Liaison services are part of the duties. This requires the fellow have knowledge about other Palo Alto HCS mental health services. Assessment and interventions are provided for weight loss (obesity), pre-bariatric surgery assessment, chronic pain,

adjustment to chronic illness, adjustment to terminal illness, smoking cessation, medical adherence, insomnia, sleep hygiene, sexual functioning, stress management, transplant assessment, and diagnoses of anxiety, depression, substance use and personality disorders when they intrude into the medical problems or treatment. We value the scientist-practitioner model and use research that enhances our understanding of how to work effectively with patients.

What the Fellow does: The fellow has five tasks: a) continue clinical training, b) teach part of the Behavioral Medicine Seminar, c) develop and complete a research or program development/evaluation project, d) provide some individual supervision for interns, lead the Intern Group Supervision, and e) manage and triage incoming Behavioral Medicine Clinic consults and organize screening clinics for referred patients. The fellow has latitude with how he or she uses his or her time. The plan for the year is developed in conjunction with the primary preceptor at the beginning of the year.

Postdoctoral Fellows' Clinical Schedule: Fellows may see patients in one of two settings: (1) patients referred to the Behavioral Medicine Clinic; and (2) patients in a medical/surgical specialty clinic currently covered by Behavioral Medicine staff (see focus clinic descriptions below.). Fellows can choose to participate in several of the medical focus clinics throughout the fellowship year. Fellows also have the opportunity to participate in external rotations (i.e., outside of the Behavioral Medicine Program) in other medical or rehab programs, such as the Women's Health Psychology Clinic, Western Blind Rehabilitation Center, Cardiac Psychology Program, and Spinal Cord Injury Program.. For a description of all available opportunities, please see the rotations listed under "Medically-Based Populations" in the internship brochure.

Focus Clinics

PAIN CLINIC: Assessment and brief treatment of patients with chronic pain from an interdisciplinary perspective. From a Behavioral Medicine perspective, the focus in clinic is primarily on assessment with some brief intervention (e.g., sleep management, use of pacing, relaxation strategies) although there are opportunities for follow-up outside of clinic. Fellows gain familiarity with a broad range of pain syndromes and medical interventions, learn brief in-clinic psychological assessment/intervention with this population, gain skills in doing some presurgical evaluations (e.g., spinal cord stimulator placement), and learn strategies for integrating into an interdisciplinary team.

4 hrs/week; usually see 3-5 patients/week

On-site Supervisors: Jessica Lohnberg, Ph.D. & Priti Parekh, Ph.D.

HEMATOLOGY/ONCOLOGY CLINICS: Assessment and treatment (brief and longer-term) of patients diagnosed with Hematological and/or Oncological disorders/disease from an interdisciplinary perspective. For the Behavioral Medicine fellow, the focus in clinic is on introduction of Behavioral Medicine services and distress screening at time of veteran's first clinic visits, assessment (including brief neuropsychological screening) for patient with identified behavioral medicine concerns, and conducting brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer-term interventions (e.g., adjustment to life-threatening illness, addressing end of life issues) that allow for providing following patients along the illness trajectory. There are also opportunities for follow-up outside of clinic which include seeing patients while hospitalized and working with patient's family members. The fellow gains familiarity with a broad range of Hematological and Oncological disorders/disease, medical interventions, and related sequelae; learns brief in-clinic and longer-term psychological assessment/intervention with this population; develops or strengthens psychopharmacological knowledge; and develops strategies for effectively integrating into a multidisciplinary team.

4 hrs/week; usually see 3-4 patients/week

On-site Supervisor: Stacy Dodd, Ph.D.

SMOKING CESSATION CLINIC: Group assessment and individual brief treatment of patients who want to quit smoking. The fellow learns cognitive-behavioral strategies for smoking cessation and gains knowledge of prescribing nicotine replacement therapy as well as other medications for smoking cessation. The fellow eventually leads the group, which is primarily psychoeducation, as well as provides brief treatment (which may include problem-solving, analysis of triggers, relapse prevention, motivational enhancement, providing support, etc.). The clinic varies from week to week and is often fast-paced; patients often have a wide range of mental health issues. Fellows learn to manage a large number of patients over a brief period of time as well as conduct phone consultation with other healthcare providers as indicated.

4 hrs/week; usually see up to 10 patients in group and 3-6 individual patients for brief follow-ups

On-site Supervisor: Jessica Lohnberg, Ph.D.

MOVE TIME CLINIC (INTENSIVE WEIGHT MANAGEMENT AND BARIATRIC SURGERY): MOVE! is the stepped-care, nationwide VA program aimed at helping obese and overweight Veterans lose weight. The MOVE TIME Clinic is an interdisciplinary intensive weight management clinic that includes a psychologist, physicians, physical therapists, dieticians, surgeon, and often a medical student or resident. The goal of the clinic is to provide intensive assessment and treatment for patients who continue to struggle with weight loss despite multiple attempts, and for patients who are medically/psychologically complicated. This clinic serves both patients within the VA Palo Alto HCS as well as patients from other VA hospitals in neighboring VISNs (e.g., from Montana, Idaho, Washington, Oregon, and Nevada). The patients are seen every 3-4 months and clinic appointments typically last 2-4 hrs. Most patients are considering bariatric surgery, but some come for medical management of obesity. The team works closely with the bariatric surgery team. Fellows will gain experience working on an interdisciplinary team and conducting assessments with new patients focused on the relationship between obesity and their psychological health. Fellows may also provide brief interventions for obesity, depression, anxiety/stress, sleep difficulties, and pain management. Fellows will also gain experience participating in the weekly interdisciplinary team meetings and with conducting triage and coordination of services with other members of the team and/or providers at other VAs. There is also an interdisciplinary journal club integrated into the clinic that provides the opportunity for fellows to learn from and teach to providers from multiple disciplines. Fellows may also conduct pre-bariatric surgery evaluations, participate in the quarterly bariatric surgery seminar, and join the monthly bariatric team meeting, if scheduling allows.

4 hrs/week; usually see 2-4 patients/week

On-site Supervisor: Jessica Lohnberg, Ph.D.

ANDROLOGY: Individual assessment and brief intervention for male patients experiencing difficulties with their sexual functioning from an interdisciplinary perspective. From a Behavioral Medicine perspective the focus in clinic is primarily on assessment with some brief intervention (e.g., psychosexual education, cognitive restructuring, communication skills, stimulus control, squeeze technique, sensate focus, etc.); Fellows gain familiarity with various sexual difficulties across the life span and learn brief in-clinic psychological assessment/intervention (individual and couple) with this population, and increase familiarity with medical interventions for male sexual dysfunction. Fellows will work closely with physicians and learn strategies for integrating into an interdisciplinary team.

4 hrs/week; usually see 2-3 patients/week

On-site Supervisor: Stacy Dodd, Ph.D.

HEPATITIS C: Individual assessment of patients who are being considered for antiviral treatment of their HCV and follow-up of patients who are currently on treatment. Fellows become familiar with the course of antiviral treatment and common psychiatric side effects, learn what factors may be an obstacle to beginning treatment or may lead to early discontinuation, and offer brief interventions to cope with

treatment side effects and promote adherence. Patients in this clinic differ from some of the other medical clinics in that they tend to have significant drug and alcohol histories, and many have had extended incarcerations. Assessments may therefore also include brief motivational interviewing strategies and monitoring for signs of relapse or indications of increasing behavioral dyscontrol that may put the patient or others at risk for harm. Fellows learn how to work within an interdisciplinary team.

4 hrs/week; usually see 2-4 patients/week

On-site Supervisor: Priti Parekh, Ph.D.

***INFECTIOUS DISEASE CLINIC:** The ID Clinic serves primarily those individuals infected with HIV (Human Immunodeficiency Virus) disease (including AIDS and ARC). Although most clinic patients are HIV+, non-HIV+ patients are occasionally followed for treatment. The Clinic is staffed with multi-disciplinary professionals including physicians, a clinical neuropsychologist, clinical nurse practitioner, social worker, pharmacists, chaplain, and a licensed vocational nurse. Patients are treated on an outpatient basis, with clinic staff serving as treatment consultants whenever individuals require inpatient care. A variety of services are offered within the clinic including medical and pharmacological interventions, neuropsychological assessment, social service evaluations/follow-up, and religious/spiritual consultation. In addition, patients are routinely screened for psychological distress and are referred for psychiatric/ psychological services as needed. Fellows may participate in the ongoing cognitive screening of clinic patients, make referrals for additional psychological/ psychiatric services as noted above, and participate in the multidisciplinary exchange of ideas and information in the management of chronically or terminally ill patients. *This Focus Clinic is only available in the last 3 months of the year.

4-6 hrs/week; usually see 2-5 patients/week

On-site Supervisor: Gary Miles, Ph.D.

Who we work with: We work with a variety of health care providers from other disciplines. The members of each team vary by clinic, but almost always include physicians and/or nurse practitioners and nurses. The physicians may be attending physicians, fellows, or residents. Other providers in a medical clinic may include registered dietitians, diet technicians, recreation therapists, physical therapists, pharmacists, and social workers.

Supervision: Supervision is a minimum of four hours per week. There are at least two hours of face-to-face supervision provided by the preceptor/supervisor. Additional, often impromptu, individual sessions are scheduled as needed and include group supervision, observing the fellow's therapy, reviewing patients prior to clinic, doing co-supervision of an intern, and discussing the fellow's research/evaluation project. Supervision includes, but is not limited to, review of the fellow's cases, problems the fellow identifies, and personal issues related to clinical work or professional development.

Our orientation is, we hope, intelligently eclectic. Cognitive-behavioral approaches are fundamental to modern clinical health psychology. The experience of major illness raises many issues about what is meaningful in a patient's life and how family and others' reactions to the patient's disease can be understood. Thus, we believe that systems, interpersonal, brief dynamic, and existential approaches contribute significantly to clinical health psychology. Our job is to sort out such divergent orientations in a productive, but non-partisan way.

Seminar: We have a Behavioral Medicine Seminar that meets each week for 1.5 hours. It is designed for interns, and the fellow is expected to help with the teaching. It starts the first week interns are on service and usually ends in late May. The early topics deal with how to function in a medical setting, including assessing lethality, how psychiatric symptoms can be manifest by medical illness and medication, abbreviations used in charts, how to negotiate the hospital computer system, and how to write progress notes and answer electronic consults. We also provide instruction in neuropsychological

screening and how to function on interdisciplinary teams. Later we move on to seminars on medical problems such as: pain, diabetes, cancer, obesity, bariatric surgery, tobacco dependence, hepatitis, organ transplantation, end state renal disease (ESRD), visual impairment, sexual dysfunction, cardiology, medical adherence, irritable bowel disease, and TBI. The postdoctoral fellow is expected to teach at least four seminars.

Pace: Relative to interns and staff, the post doctoral fellow has more latitude in how he or she spends time. However, the pace of behavioral medicine is moderate to fast, which we believe is representative of most clinical careers as a behavioral medicine psychologist.

Training Goals: The Behavioral Medicine emphasis area training is designed to help the new Ph.D. attain both general advanced practice competencies and competencies in Behavioral Medicine. The fellow should have good clinical skills and experience with a variety of Behavioral Medicine cases. At the same time, the fellow should be actively involved in applied research or program evaluation. Should there be a gap in the fellow's training, we would expect the fellow to use part of the postdoctoral year to get clinical training he/she may have missed. We expect the fellow to be competent to diagnose the following disorders: substance abuse, anxiety, depression, psychosis, personality disorder, cognitive impairment and somatization disorder, and to have training in an empirically based treatment for anxiety and depression. Fellows should also be able to intervene with personality disorders and some substance abuse problems including tobacco dependence. The fellow should function well with staff from other disciplines. Fellows will get experience in multiple specialty clinics such as Pain Clinic, MOVE TIME (intensive weight management/bariatric surgery), GI-Liver Clinic, Oncology/Hematology, Andrology, and Smoking Cessation. The fellow is also expected to complete a research activity or program evaluation/development project. Ideally, this project will be applied in nature and be designed to inform clinical practice. Finally, the fellow should get experience conducting supervision. In addition to supervising an intern with a staff psychologist observing, the fellow will participate in the Postdoctoral Fellow Seminar that places a great emphasis on supervision.

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Date: 8/4/14; 7/17/14; 7/17/14